

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212516028				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NOVELIS 2 INC. (USED IN VA BY: NOVELIS INC.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CTR 16TH FL 1111 E MAIN ST RICHMOND, VA 23219</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FN</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: F1862061</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>UNLTD</td> <td style="text-align: center;">99,999,999,999</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	UNLTD	99,999,999,999
CLASS	AUTHORIZED					
UNLTD	99,999,999,999					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: TWO ALLIANCE CENTER 3560 LENOX RD NE, STE 2000 CITY/ST/ZIP: ATLANTA, GA 30326 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: PHILIP R MARTENS TITLE: PRES/CEO ADDRESS: 3560 LENOX RD CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: STEVEN R FISHER TITLE: SR VP/CFO ADDRESS: 3560 LENOX RD STE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: KIHOOON LEE TITLE: VP/INT AUDIT ADDRESS: 3560 LENOX ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: NICHOLAS MADDEN TITLE: SR VP/CPO ADDRESS: 3560 LENOX ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: ERWIN MAYR TITLE: SR VP/CS&CO ADDRESS: 3560 LENOX ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: RANDAL P MILLER TITLE: VP/TREAS ADDRESS: 3560 LENOX RD STE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	TADEU NARDOCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/PRESEUROP		
ADDRESS:	Sternenfeldstrasse 19		
CITY/ST/ZIP/CO:	8700 Küsnacht, , CH		
NAME:	ROBERT NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	3560 LENOX RD STE 2000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326		
NAME:	LESLIE J PARRETTE JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CORP SEC		
ADDRESS:	3560 LENOX RD STE 2000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326		
NAME:	KAREN RENNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CIO		
ADDRESS:	3560 LENOX ROAD		
CITY/ST/ZIP/CO:	ATLANTA, VA		
NAME:	THOMAS L. WALPOLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/PRES NA		
ADDRESS:	3560 LENOX RD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	KUMAR M BIRLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3560 LENOX RD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	ASKARAN K. AGARWALA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3560 LENOX RD. NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	DEBNARYAN BHATTACHARYA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3560 LENOX RD. NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		
NAME:	CLARENCE J. CHANDRAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 EVANS AVENUE		
CITY/ST/ZIP/CO:	TORONTO, ON M8Z1J5, CA		
NAME:	DONALD A. STEWART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 EVANS AVENUE		
CITY/ST/ZIP/CO:	TORONTO, ON M8Z1J5, CA		

NAME:	LESLIE JOYCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CVP, CPO		
ADDRESS:	3560 LENOX RD. NE		
	SUITE 2000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LESLIE J PARRETTE JR	LESLIE J PARRETTE JR, SR	4/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/CORP SEC	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			